

**CERTIFICATE OF TRADE NAME
CORPORATIONS ONLY**

For Clerk's office use only

**CERTIFICATE REQUIRED TO BE FILED BY A CORPORATION CONDUCTING BUSINESS IN THE
COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.**

I, _____ hereby certify in accordance with the provisions of § 59.1-69 of the 1950
(Full Name)

Code of Virginia that I am conducting the business of _____
(Type of Business)

at _____
(Street Address) (City) (State) (Zip Code) (Phone Number)

Fauquier County, Virginia, under the name of:

(Name of Business)

and that no other corporation or person has any interest of any kind in the said business and that we are the sole owners and proprietors thereof and that our Post office address is:

(Street Address) (City) (State) (Zip Code) (Phone Number)

TO BE USED ONLY FOR FOREIGN CORPORATIONS
We further certify that we are authorized to do business in the Commonwealth of Virginia
On the _____ day of _____, 2____.

Given under my hand this _____ day of _____, 2_____.

NAME OF CORPORATION: _____

SIGNATURE: _____

PRINTED NAME: _____

Commonwealth of Virginia
County of Fauquier, to-wit:

TITLE: _____

I, _____ the undersigned Deputy Clerk of the Circuit Court (Notary Public)
in and for the Commonwealth and County aforesaid, do hereby certify that

_____, whose name is signed to the foregoing and hereunto
annexed Certificate dated the _____ day of _____, 2____, has this day personally appeared before me and
acknowledged the same before me in my office.

Given under my hand this _____ day of _____, 2_____.

My Commission Expires: _____ Notary Registration ID Number: _____

Deputy Clerk (Notary Public)